

**AFFIDAVIT IN SUPPORT OF APPLICATION  
TO REDACT SPECIFIED PERSONAL INFORMATION FROM  
VOTER REGISTRATION RECORDS**

I, \_\_\_\_\_, make the following statements under oath:  
Full Legal Name

1. I am (*check the description that applies to you*):

- ☐ employed as a justice, as defined by A.R.S. §16-153(K)(4)
- ☐ employed as a judge, as defined by A.R.S. §16-153(K)(3)
- ☐ employed as a commissioner, as defined by A.R.S. §16-153(K)(2)
- ☐ employed as a peace officer, as defined by A.R.S. §11-483
- ☐ employed as a prosecutor, as defined by A.R.S. §16-153(K)(5)
- ☐ employed as a public defender, as defined by A.R.S. §16-153(K)(6)

2. I am employed by \_\_\_\_\_  
Organization Name

3. My residential address and telephone number are:

Street Address	City	State	ZIP Code	Phone Number
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4. My current job title and duties include:

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5. (Optional) I request immediate action for the following reasons (*list/attach supporting facts*):

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6. I believe that my life or safety, or that of my family or other persons living at my residence, is in danger of physical harm for the following reasons:

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7. Sealing of my residential address, telephone number and voting precinct number in my voter registration records will serve to reduce the danger by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

8. My date of birth is (for identification purposes): \_\_\_\_\_  
(Month/Day/Year)

9. The following are the names and birth dates for each registered voter who resides with me and whose voter registration records should also be redacted:

_____ (Full legal name)	_____ (Date of birth – Month/Day/Year)
_____ (Full legal name)	_____ (Date of birth – Month/Day/Year)
_____ (Full legal name)	_____ (Date of birth – Month/Day/Year)
_____ (Full legal name)	_____ (Date of birth – Month/Day/Year)
_____ (Full legal name)	_____ (Date of birth – Month/Day/Year)
_____ (Full legal name)	_____ (Date of birth – Month/Day/Year)

On the basis of the foregoing facts, I submit this Affidavit pursuant to A.R.S. §16-153 and request that the court order sealed for five years my voter registration records and those of any individuals identified above.

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Date

State of Arizona )  
County of \_\_\_\_\_ ) ss.

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public